Recommended PBP Contract Summary Form

Performance-Based Payment Record

	PII	N:		Order No.:		Page _	_ of
Contract#:	Contract#: Current throu			ugh Modification No.:	Dated:		
PBP event #	CLIN/ subCLIN	ACRN	Type (S or C)	Brief Event Descripti	on	Value	Expected date

				PERFO	RMANCE BASED PAYMENT I	REQUES	T		PDP Form Hauter Res E 7/288
									Page 1 of 2
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								Page 2 of 2
1. Payment Of	fice Addi	ress			2. Contractor Name/Address	30. G	entrect Ha.:	34. Order Ha.:
DFAS					Contractor Name	1		
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PERFORMANCE BASED PAYMENT REQUEST

PBP Form Hauter Rea E 7/2881

Date Approved

1. Payment Office Address

DFAS-Columbus Center West Entitlement Operations P.O. Box 182381 Columbus, OH 43218-2381 2. Contractor Name/Address

Contractor Name

Contractor Street Address

Contractor Street Address

Contractor Street Address

Contractor's City, ST Zip +4

(Area Code) Phone No. & Fax No.

	Page 1 of 2
So. Contract Ha.:	34. Order Ha.:
N00019-98-G-1234	5B77
4. Shipmont Ha.:	PBPA123
5. Invaice Ha.:	9910-5555
6. Invaice Bate:	1/20/2000
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				Performance Based Payment Event(s), in accordance with Basic con	tract			
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5555WW	AA	1	s	Lower Quarter Keel Kit - Aircraft FNC23		200	12,457,689.00	2,491,537,800.00
5555WW	AA	1	s	Lower Quarter Keel Kit - Aircraft FNC23		500	55,555,555.00	27,777,777,500.00
0001AB	CD	33	s	Center Barrel Completion		1	123,789.00	123,789.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23		500	123,789.00	61,894,500.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23		500	123,789.00	61,894,500.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23		500	123,789.00	61,894,500.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23		500	123,789.00	61,894,500.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23		500	123,789.00	61,894,500.00
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5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23		500	123,789.00	
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	ļ	500	123,789.00	61,894,500.00
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ACO Signature

ACRNINFORMATION SUPPLIED ON ATTACHED SCHEDULE

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PERFORMANCE BASED PAYMENT REQUEST - CONTINUATION SHEET

PDP Form Hauter Res E 7/2881

1. Payment Office Address
DFAS-Columbus Center
West Entitlement Operations
P.O. Box 182381
Columbus, OH 43218-2381

2. Contractor Name/Address

Contractor Name

Contractor Street Address

Contractor Street Address

Contractor's City, ST Zip +4

(Area Code) Phone No. & Faz No.

	Page 2 of 2
So. Contract Ha.:	34. Order Ha.:
N00019-98-G-1234	5B77
4. Shipmont Ha.:	PBPA123
5. Invaice Ha.:	9910-5555
6. Invaice Bate:	1/20/2000
7. Curtamer Cude:	

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CLIN	ACRN	ETENT	ä	EVENT DESCRIPTION	QTY	AMOUNT PER EVENT	AMOUNT
				To charge the U.S. Government for completion of the following Performance Based Payment Event(s), in accordance with Basic contract			
				Performance Dased Payment Event(s), in accordance with Dasic contract			
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5555WW	AA	A-178	ı	Lower Quarter Keel Kit - Aircraft FNC23		12,457,689.00	
5555WW	AA	1	ı	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
0001AB	CD	33	S	Center Barrel Completion	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555ww	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555ww	AA	1	s	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555ww	AA	1	s	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	s	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555wW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
5555WW	AA	1	S	Lower Quarter Keel Kit - Aircraft FNC23	1	12,457,689.00	12,457,689.00
					1	6. SUB-TOTAL	249,153,780.00

ACRN SCHEDULE

1. Contractor Name/Address
Contractor Name
Contractor Street Address
Contractor Street Address
Contractor's City, ST Zip +4

Disbursement for this PBP Invoice should be made against the following ACRM(\$)

	Page 1 of 1
Zo. Contract Ho.:	2b. Order Ha.:
N00019-98-G-1234	5B77
3. Shipmont Ha.:	PBPA123
4. Invaice Ha.:	9910-5555
5. Invaice Bate:	01/20/00
6. Curtamer Cude:	0

	7. ACRN PAYMENT INSTRUCTION SUMMARY:										
CLIN	AA	CD	ВВ	AB	CE	DG	INVOICE LINE ITEM TOTAL				
0001AA	15,523,649.00		10,245,698.00				25,769,347.00				
0001AA		10,245,698.00					10,245,698.00				
0001AA				10,245,698.00			10,245,698.00				
0001AA	<u> </u>						0.00				
0001AB					10,245,698.00		10,245,698.00				
0001AC						10,245,698.00	10,245,698.00				
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ACRN TOTALS	15,523,649.00	10,245,698.00	10,245,698.00	10,245,698.00	10,245,698.00	10,245,698.00	66,752,139.00				
					Verificatio	n Total:	66,752,139.00				
					IF TOU HAVE ANT QUESTIONS, PLEASE CONTACT:						

- 1 Payment office Address
- 2 Contractor Name/Address Enter Contractor name & address. It is suggested to include a name and telephone number for a point of contract in case of questions.
- 3a **Contract No. -** Enter the full contract number. (Format: 13 alphanumeric characters, XXXXXX-XX-XXXX)
- 3b Order No. Delivery order number (4 alphanumeric characters), if applicable.
- 4 **Shipment No. -** Must be 7 alphanumeric characters starting with PBPA (for U.S. disbursements) or PBPB (for FMS disbursements). The last three positions are numeric and should be serially numbered (e.g. PBPA001)
- 5 **Invoice No. -** For contractor use.
- 6 Invoice Date For contractor use.
- 7 Customer Code For contractor use.
- 8 CLIN Enter the appropriate Contract Line Item Number (CLIN) as required by the contract.
- 9 **ACRN** Enter each Accounting Classification Reference Number (ACRN) which funds the performance event.
- 10 **Event -** Enter the event identifier as shown in the contract.
- 11 **S/C** Enter S if the event is severable (not dependent on other events) and C if the event is cumulative (dependent on prior completion of other events.)
- 12 **Event Description -** Enter description as appropriate.
- 13 **Qty -** For contractor use.
- 14 Amount per event For contractor use.
- 15 **Amount -** Enter the total of all entries in the amount column.
- 16 **Sub-Total -** The individual page total
- 17 **Certification -** Contractor official authorized to bind the contractor shall complete and sign.
- 18 **Total amount requested--All Pages -** Enter the total of all entries in the amount column.
- 19 Amount approved for payment For ACO use. Amount entered into payment system.
- 20 ACO Signature and Date Approved

ACRN Schedule Attachment Instructions

General: This information is prepared by the contractor and submitted to the ACO. The ACO may use this attachment as the instructions to be submitted to the payment office for distribution of financing payment.

1	Contractor	Name/Address -	Self Explanato	ry
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- 3a Contract No. Enter the full contract number. (Format: 13 alphanumeric characters, XXXXXXX-XX-XXXXX)
- 3b **Order No. -** Delivery order number (4 alphanumeric characters), if applicable.
- 3 Shipment No. (same as for basic request)
- 4 Invoice No. For contractor use
- 5 Invoice date -
- 6 **Customer Code -** For contractor use.
- 7 **Summary -** List ACRN and CLIN information as needed, including totals.